FORM D

Mul Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

MAY 19 2008

Weshington, DC

101

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1388	098
OMB	APPROVAL
Expires: Estimated avera	3235-0076 May 31, 2008 ge burden 16.00
SEC	USE ONLY
Prefix	Serial
\ 1	<u> </u>
DATE	RECEIVED
l t	L .

Name of Offering	(☐ check if this is an a		- ·	dicate change.)		
Offering of limited	partnership interests of	SPM Composite Fund	d, L.P.			
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	Section 4(6)	ULOE
Type of Filing:	New Filing					
		A. BASIC	DENTIFICAT	ION DATA		
1. Enter the inform	nation requested about th	e issuer				
Name of Issuer	check if this is an a	mendment and name h	as changed, and in	dicate change.	LIBERA CONDITION CAND	. KINN KANA INDAN ARRIY MBI 1884
SPM Composite Fu	ınd, L.P.				080	50772
Address of Executive	e Offices		(Number and Stree	et, City, State, Zip Coo	de) Telephone Nu	ımber (Including Area Code)
c/o Structured Serv Nevada 89119	vicing Transactions Gro	up, L.L.C., 2215-B Red	naissance Drive Su	uite 5, Las Vegas,		(203) 351-2870
Address of Principal	Offices		(Number and Stree	et, City, State, Zip Coo	de) Telephone Nu	mber (Including Area Code)
(if different from Exe	cutive Offices)					
Brief Description of E	Business: Private In	vestment Company		ROCESSED		
Type of Business Or	ganization		- y	MAY 272008		
ı	corporation	🛛 limited p	artnership, already	formed	other (please sp	ecify)
	☐ business trust	limited p	artnership, to be to	WISON REUTE	RS	
			Month	Year		
Actual or Estimated	Date of Incorporation or C	Organization:	0 7	0	6 ⊠ Act	ual Estimated
Jurisdiction of Incorp	oration or Organization:	(Enter two-letter U.S. P	ostal Service Abbre	viation for State;		
		CN	l for Canada: FN fo	r other foreign jurisdic	tion\	! e

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	. ·	A. BASIC ID	ENTIFICATION DATA	A	
 Each beneficial ow Each executive offi 	ne issuer, if the iss ner having the pov cer and director of	uer has been organized with	ect the vote or disposition o		a class of equity securities of the issuer; tnership issuers; and
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☑ General and/or Managing Partner
Full Name (Last name first,	if individual):	Structured Servicing	Transactions Group, L.L.	C.	
Business or Residence Add	ress (Number and	Street, City, State, Zip Code); 2215-B Renaissan	ce Drive, Suite 5,	Las Vegas, Nevada 89119
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first,	if individual):	Brownstein, Donald I.		<u> </u>	
Business or Residence Add Renaissance Drive, Suite		Street, City, State, Zip Code	c/o Structured Ser	vicing Transactio	ons Group, L.L.C., 2215-B
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Christopher Russell			
Business or Residence Add Renaissance Drive, Suite		Street, City, State, Zip Code	c/o Structured Ser	vicing Transaction	ons Group, L.L.C., 2215-B
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Kong, Jeffery			
Business or Residence Add Renaissance Drive, Suite !			c/o Structured Ser	vicing Transaction	ons Group, L.L.C., 2215-B
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Roberts, Timothy			
Business or Residence Addr Renaissance Drive, Suite 5): c/o Structured Ser	vicing Transaction	ns Group, L.L.C., 2215-B
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Liu, Yong		-	
Business or Residence Addr Renaissance Drive, Suite 5): c/o Structured Ser	vicing Transaction	ons Group, L.L.C., 2215-B
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, it	f individual):	Makena Capital Holdin	igs, B.L.P.	<u></u>	, , ,
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code): 2500 Sand Hill Ros	nd, Suite 205, Mer	nio Park, CA 94025
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, it	individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В,	INFORM	ATION	ABOUT	OFFER	ING			
1. H	as the issue	er sold, or	does the is	suer inten			edited inve					☐ Yes	□No
2. W											.000,000 ly be walved		
	oes the offe											☐ Yes	i □ No
ar of ar	nter the info ny commiss ifering. If a nd/or with a ssociated pe	ion or simi person to state or st	ilar remune be listed is ates, list th	eration for an associ ne name o	solicitation ated perso f the broke	of purcha on or agen or deale	sers in con t of a brok r. If more t	nnection w er or deale than five (5	ith sales o er registere 5) persons	f securities d with the to be liste	s in the SEC d are		
Full Na	ıme (Last na	ame first, i	f individual)									
Busine	ss or Resid	ence Addr	ess (Numb	per and St	reet, City,	State, Zip	Code)						
Name	of Associate	ed Broker	or Dealer			<u> </u>	·		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	in Which Pe									-	-		CI All Chatan
(L [AL]	heck "All S [AK]				•		(DE)				☐ [HI]	□ [ID]	All States
	☐ [IN]	☐ [IA]	☐ [KS]		□ [LA]		☐ [MD]				☐ [MS]		
□ [MT] [NE]	□ [NV]	□ (NH)	[נא]	☐ [NM]	□ [NY]	□ [NC]	□ [ND]	□ [OH]	□ [OK]	[OP]	□ [PA]	
□ (RI)	□ [SC]	[SD]	[NT]		[עדן]		□ [VA]	□ (WA)	□ [WV]	□ [WI]	□ [WY]	□ [PR]	
Full Na	me (Last na	ame first, it	individual)	- N.			<u>-</u>					
Busines	ss or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Name	of Associate	ed Broker o	or Dealer		<u> </u>			··					
	in Which Pe												☐ All States
☐ [AL]	[AK]	[AZ]	☐ [AR]	CA]	☐ [CO]	[CT]	□ [DE]			☐ [GA]	[Hi]	□ [ID]	
	□ [IN]	[AI]	☐ [KS]	[KY]	□ [LA]		☐ [MD]	☐ [MA]	[IM]	☐ [MN]	☐ [MS]	[MO]	
[MT]] [NE]	□ [NV]		_		☐ [NY]		□ [ND]				□ [PA]	
[RI]		[SD]	[TN]	[גיז]	[[עד]	□ [VT]	□ [VA]	□ [WA]		□ (WI)	[WY]	☐ (PR)	
Full Na	me (Last na	ıme first, if	individual)									
Busines	ss or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)	-					
Name o	of Associate	d Broker o	or Dealer										
	n Which Pe heck "All St					olicit Purch	nasers		*****				☐ All States
☐ [AL]	[AK]	☐ [AZ]	[AR]	☐ [CA]	□ [CO]	□ [CT]	□ [DE]		□ [FL]	☐ [GA]	[HI]	[ID]	
	[111]	□ [IA]	☐ [KS]		[LA]	[ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[OM]	
[MT]	[NE]	[NV]	[NH]	□ (NJ)	[MM]	[NY]	☐ [NC]	□ [ND]	□ [OH]		□ [OR]	□ [PA]	
□ (RI)	□ (SC)	☐ (SD)	[NT]	[XT]	[TU]	□ (A1)	□ [VA]	□ [WA]	[\(\text{(M\)}\)	[IW]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

١.	Enter the aggregate offering price of securities included in this offering and the total amount already		·•		
	sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged.		Aggregate		Amount Already
	Type of Security		Offering Price		Sold
	Debt	\$		\$	<u> </u>
	Equity	\$		<u>\$</u>	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	s		s	
	Partnership Interests			- <u> </u>	149,643,546
	Other (Specify)			<u> </u>	173)070,070
				<u> </u>	
	Total	<u>\$</u>	500,000,000	<u>\$</u>	149,643,546
2.	Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		22	\$	149,643,546
	Non-accredited Investors			\$	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, it filling under ULOE				
١.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of Ottober		Types of		Dollar Amount
	Type of Offering		Security	_	Sold
	Rule 505			<u> </u>	
	Regulation A			\$	
	Rule 504			<u>\$</u>	
	Total			<u>\$</u>	
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗇	\$	
	Printing and Engraving Costs		🗆	\$	
	Legal Fees		_	s	105,471
	Accounting Fees		_	<u>*</u>	
				<u>*</u>	
	Engineering Fees		_	*	
	Sales Commissions (specify finders' fees separately)			<u>\$</u>	
	Other Expenses (identify)		📮	\$	
	Total		5	e	106 A71

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

4	 Enter the difference between the aggregate Question 1 and total expenses furnished in resp "adjusted gross proceeds to the issuer." 	onse to Part C-Question 4.a. This different	ence is the	9	_	\$ 499,894,529	_
5	Indicate below the amount of the adjusted gross used for each of the purposes shown. If the amestimate and check the box to the left of the estitute adjusted gross proceeds to the issuer set for	ount for any purpose is not known, furnishmate. The total of the payments listed m	h an ust equal	Paymen Office Director Affiliat	's, s &	Payments to Others	
	Salaries and fees			\$		\$	_
	Purchase of real estate			\$		\$	_
	Purchase, rental or leasing and installation	on of machinery and equipment		\$		\$	_
	Construction or leasing of plant buildings	and facilities		\$		\$	_
	Acquisition of other businesses (including offering that may be used in exchange for pursuant to a merger	r the assets or securities of another issue	er 🗀	<u>\$</u>		\$	
	Repayment of indebtedness			\$		\$ 499,894,52	2 (
	Working capital			\$		\$	_
	Other (specify):			\$		\$	_
				\$	🗆	\$	_
	Column Totals			\$		\$ 499,894,52	9
	Total payments Listed (column totals add	ed)		<u> </u>	\$ 499,	894,529	
_		D. FEDERAL SIGNATU	RE		· · · · · · · · · · · · · · · · · · ·		_
cor	is issuer has duly caused this notice to be signed institutes an undertaking by the issuer to furnish to the issuer to any non-accredited investor pursuan	the U.S. Securities and Exchange Comr	on. If this nission, u	notice is filed une pon written reque	der Rule 505, the st of its staff, the	ne following signature ne information furnished	_
	uer (Print or Type) Composite Fund, L.P.	Signature	/		Date May 1	5, 2008	_
	me of Signer (Print or Type) ristopher Russell	Title of Signer (Print or Type) general partner, by Upper Sh Russell, COO	by Strue	ctured Servicing clates, LLC, its n	Transactions nanaging mem	Group, L.L.C., ber, by Christopher	

Stand		E. STATE SIGNATURE	
1,	Is any party described in 17 CFR 230.262 pres provisions of such rule?	ently subject to any of the disqualification	☐ Yes ⊠ No
	See /	Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required by	furnish to any state administrator of any state in which y state law.	this notice is filed a notice on Form D
3.	The undersigned issuer hereby undertakes to	furnish to the state administrators, upon written reque	st, information furnished by the issuer to offerees.
4.	· · · · · · · · · · · · · · · · · · ·	suer is familiar with the conditions that must be satisfie otice is filed and understands that the issuer claiming to a satisfied.	•
	er has read this notification and knows the conte ed person.	ents to be true and has duly caused this notice to be s	igned on its behalf by the undersigned duly
	Print or Type) Composite Fund, L.P.	Signature	Date May 15, 2008
Name of	Signer (Print or Type)	Title of Signer (Print or Type) by Structured	Servicing Transactions Group, L.L.C.,
Christo	pher Russell	general partner, by Upper Shad Associates, Russell, COO	LLC, its managing member, by Christopher

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AF	PENDIX				
1		2	3		5				
	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK_									
AZ		Х	\$500,000,000	1	\$1,000,000	0	\$0		х
AR									
CA		Х	\$500,000,000	5	\$130,152,963	0	\$0		х
СО									
СТ		х	\$500,000,000	1	\$737,503	0	\$0		х
DE		Х	\$500,000,000	1	\$2,500,000	0	\$0		х
DC									
FL		Х	\$500,000,000	1	\$1,500,000	0	\$0		х
GA									
н									
ID									
IL									
iN				<u> </u>					
IA							·		
KS							·		
KY									<u> </u>
LA							·		
ME				-					
MD									
MA				· · · · · · · · · · · · · · · · · · ·					
MI									
MN									
мѕ									
мо		х	\$500,000,000	1	\$99,000	0	\$0		Х
MT	†				_				
NE	1			···			···		
NV	 								
NH									
NJ								<u> </u>	
NM									<u></u>

				API	PENDIX					
1	2	2	3			4			5	
	Intend to non-ad investors (Part B -	credited in State	Type of security and aggregate offering price offered in state (Part C - Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY		Х	\$500,000,000	8	\$8,503,844	0	\$0		Х	
NC										
ND		_								
ОН										
ОК										
OR										
PA										
RI										
sc										
SD					<u> </u>		·	ļ		
TN								<u> </u>	<u> </u>	
TX		X	\$500,000,000	1	\$3,142,629	0	\$0	<u> </u>	Х	
UT										
VT									<u> </u>	
VA								ļ		
WA								<u> </u>	<u> </u>	
wv							_	ļ		
WI		Х	\$500,000,000	1	\$50,000	0	\$0		X	
WY								ļ	ļ	
Non- US	Ì	x	\$500,000,000	2	\$1,957,607	0	\$0		×	

